

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-035465

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. Registrar's No. 55

FILED OCT 2 1962

1. PLACE OF DEATH

a. COUNTY

Mercer

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Princeton, Mo

Length of stay in 1b
life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Axtell Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Mercer

c. CITY OR TOWN Princeton, Missouri

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

Cliff

George

4. DATE OF DEATH

Month

Day

Year

Sept. 30, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-21-1891

9. AGE (last birthday)

70

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Mercer Co., Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry C. George

13b. MOTHER'S MAIDEN NAME

Jane McCaw

14. NAME OF HUSBAND OR WIFE

Cinda George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Cinda George Princeton, Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH

8 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis

6 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-14-62 to 9-30-62 and last saw her alive on 9-28-62

Death occurred at 10:35 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Douglas L. Pearce, D.O.

22b. ADDRESS

Princeton, Mo.

22c. DATE SIGNED

10-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

10-2-62

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Ridge

23d. LOCATION (City, town, or county)

Mercer Co., Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Noel Moss

Princeton, Mo

25. DATE RECD. BY LOCAL REG.

10-1-62

26. REGISTRAR'S SIGNATURE

Noel Moss

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

0650
0650

3

4 0

5 1

6

7 0

8 0

9 4221

10

11

12 1-2

13 1-0

2961 & 100
OCT 3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howe Matt

Licensed Embalmer No. 2634

P. O. Address Demarian mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Planned & performed on 10-1-62 H.H.